

AMENDMENT TRANSMITTAL LETTER				Docket No. 1906-0119P																																				
Application No. 10/628,385-Conf. #3942	Filing Date July 29, 2003	Examiner T. T. Vo	Art Unit 2621																																					
Applicant(s): Soroush GHANBARI et al.																																								
Invention: METHOD AND APPARATUS FOR COMPENSATING FOR ERRONEOUS MOTION VECTORS IN IMAGE AND VIDEO DATA																																								
<p>MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>																																								
CLAIMS AS AMENDED <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>18</td> <td>- 20 =</td> <td>0</td> <td>x 52.00</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>2</td> <td>- 3 =</td> <td>0</td> <td>x 220.00</td> <td>0.00</td> </tr> <tr> <td colspan="6">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6">Other fee (please specify):</td> </tr> <tr> <td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td>0.00</td> </tr> </tbody> </table>						Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	18	- 20 =	0	x 52.00	0.00	Independent Claims	2	- 3 =	0	x 220.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																																				
Total Claims	18	- 20 =	0	x 52.00	0.00																																			
Independent Claims	2	- 3 =	0	x 220.00	0.00																																			
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>																																								
Other fee (please specify):																																								
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00																																			
<p><input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity</p> <p><input type="checkbox"/> No additional fee is required for this amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.</p>																																								
<p><i>Penny Caudle #46,607</i></p> <p><i>Michael K. Mutter</i> Attorney Reg. No.: 29,680</p> <p>BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000</p>																																								
<p>Dated: <u>June 3, 2009</u></p>																																								